

# IDXrad

## Mammography Administration Module

### Findings Data

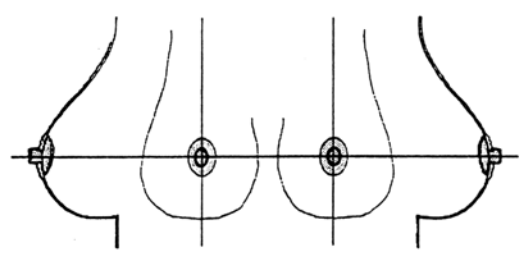
Findings/Recommendations:

☐ Entered by Radiologist
 ☐ Dictated by Radiologist
 ☐ Generate Diagnostic Report

Comparison Dates: \_\_\_\_\_

**BREAST COMPOSITION**

	Right	Breast Left	Both
Almost Entirely Fat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scattered Fibroglandular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heterogeneously Dense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extremely Dense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


  
 \_\_\_\_\_, RN

<b>ASSESSMENT/CATEGORY/RECOMMENDATION</b>			
<b>Negative/Category 1</b>			
	Right	Breast Left	Both
N: Asymptomatic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Normal Interval F/U			
D: Symptomatic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Normal Interval F/U			
1 year follow-up			<input type="checkbox"/>
<b>Suspicious/Category 4</b>			
	Right	Breast Left	Both
Biopsy should be considered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take appropriate action if suggestive of malignancy (sends Surgical Referral Letter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle localization and biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Histology using core biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cytologic Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Benign/Category 2</b>			
	Right	Breast Left	Both
N: Asymptomatic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Normal Interval F/U			
D: Symptomatic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Normal Interval F/U			
1 year follow-up			<input type="checkbox"/>
<b>Malignant/Category 5</b>			
	Right	Breast Left	Both
Biopsy should be considered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take appropriate action if suggestive of malignancy (sends Surgical Referral Letter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle localization and biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Histology using core biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cytologic Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Probably Benign/Category 3</b>			
	Right	Breast Left	Both
Follow-up at short interval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ months (1-11)			
<b>Add Eval/Category 0</b>			
	Right	Breast Left	Both
Additional Projections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old films for Comparison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ductography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**RECOMMENDATION MODIFIER**

	Right	Breast Left	Both
Stereotactic Biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
US Guided Biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male Referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male Biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>